## **Attachment 9**

## **Letter of Intent**

Purpose	This is a non-binding Letter of Intent whose purpose is to a staffing needs for the proposal evaluation process and to ir		
Information requested	DHS is interested in knowing if your firm intends to submit a submitting a proposal.	DHS is interested in knowing if your firm intends to submit a proposal or your reasons for not submitting a proposal.	
Action to take Indicate your intention to submit a proposal by checking instructions below your selection.		ms 1 or 2 below. Follow the	
1. My firm intends to submit a proposal.			
A.	Check box number 1 if the above statement reflects your intention.	ck box number 1 if the above statement reflects your intention.	
В.	replete the bottom portion of this form and return it to DHS as instructed in the RFP section entitled, ter of Intent".		
2. My	My firm does not intend to submit a proposal for this project.		
A.	A. Check box number 2 if the statement in item 2 reflects your intention.		
B.	<ul> <li>B. Indicate your reason(s) for not submitting a proposal by checking any of the following statements that may apply.</li> </ul>		
	☐ My firm lacks sufficient staff expertise or personnel resources to meet the requirements.		
	My firm lacks sufficient experience (i.e., not enough or wrong type).		
	My firm believes the qualification requirements are too restrictive.		
	Not enough time was allowed for proposal preparation.		
	Too much paperwork is required to prepare a proposal response.		
	Other commitments and projects have a greater priority.		
	My firm did not learn about the contract opportunity soon enough.		
	My firm does not provide the full range of services that DHS is seeking.		
	My firm is only interested in becoming a subcontractor, consultant or supplier.		
	My firm cannot meet the DVBE requirements - we do not wish to subcontract any work out.		
	Too much effort and/or paper work is required to meet California DVBE requirements.		
	Insufficient time was allowed for DVBE compliance.		
	Other reason:		
C.	Complete the bottom portion of this form and return it to DHS as inst	tructed in the RFP section entitled,	
D.	D. DHS will send your firm RFP clarification notices, RFP addenda, proposer questions and answers, or other procurement notices <b>only</b> if you check Box #1 and upon receipt of this Attachment . If you choose not to return this Attachment, you may call the Office of Medi-Cal Procurement at (916) 323-7406 to continue to receive future mailings related to this procurement.		
Name of Firm:			
Printed Name/Title:			
Address:		· · · · · · · · · · · · · · · · · · ·	
Phone/Fax/E-Mail Address:			
Signature:		Date:	